CUSTOMER SERVICE DIVISION

Office locations: 7447 E. Indian School Road, 110 Scottsdale, AZ 85251 or 9379 E. San Salvador Dr., Suite 100

9379 E. San Salvador Dr., Suite 100 Scottsdale, AZ 85258

Telephone (480) 312-2400 Fax (480) 312-4806

License Number



200	١,
ZUU	J

Fee(s)
General Provisions Ordinance to Applicant
Date & Initial

City of Scottsdale MASSAGE THERAPIST APPLICATION

Massage Ordinance to Applicant Date & Initial

NOTE: ACCURACY IS IMPORTANT — PLEASE TYPE OR PRINT IN INK

To Applicant: Check all your answers for accuracy. False or incomplete answers or omissions may result in non-acceptance, denial or subsequent revocation of a license. If questions are not applicable to you, enter "N/A" as a response.

1.	Legal name:	(Last)	(Firs	st)	(Mic	ddle)	_ Date of	Birth: MO / DAY / Y	′R
		s) previously know			,				
2.		Number:				U.S. Citizen?			
	Are you authorize	zed to work in the l	Jnited States? _	Yes	No				
3.	Driver's License	e #:	Sta	te		Expiration Date _		_	
	Height	_ Weight	Eye Color			Hair Color		_	
	Describe any so	cars, tattoos or dist	nguishing marks	:					
	Place of Birth:	(City)		(State	2)			(Country)	
4.		Single			•	Vidowed (Check O	ne)	(Country)	
	Complete Curr	rent Residence Ade	dress			Comp	lete Curre	nt Mailing Address:	
	Home phone #	ŧ ()	·		Work p	hone# ()		
	Other phone #	-			Messa	ge phone # ()		

5. Provide your residence addresses for the previous **5 years**. Attach an additional sheet if necessary.

From (MO/YR)	To (MO/YR)	Complete Residence Addresses	Owned / Rented

License Number	

From (MO/YR)	To (MO/YR)		iness or Employer's Name ete address and Phone #		Position (Title	
(MO/TR)	(IVIO/YR	.)	and Comple	ete address and Phone #		(Title	*)
	I	l .			"		
/lay we conta	ct your pre	sent employ	er? Yes	No. If no, please give expla	nation.		
Explanation:							
Are you a high	n school gr	aduate or po	ssess a general equ	ivalency diploma or similar docu	ment or certific	cate?Yes	s No
Are you a high Year Completed	n school gr	aduate or po Name of S Agen	School/		ment or certific		s No
Year	school gr	Name of S	School/				s No
Year Completed	intarily surr	Name of S Agen	School/ cy	Complete a	ddress of Scho	ool / Agency	
Year Completed	intarily surr	Name of S Agen	School/ cy	Complete a	ddress of Scho	ool / Agency	
Year Completed Have you volueason?	intarily surr	Name of S Agen rendered any o If yes, pi	School/ cy / license to administerovide specific inform	Complete a	ddress of Scho	ool / Agency	for any
Year Completed Have you volueason? Date License	intarily surr	Name of S Agen rendered any o If yes, pi	School/ cy / license to administerovide specific inform	Complete a	ddress of Scho	ool / Agency	for any
Year Completed Have you volueason?	intarily surr	Name of S Agen rendered any o If yes, pi	School/ cy / license to administerovide specific inform	Complete a	ddress of Scho	ool / Agency	for any
Year Completed Have you volueason? Date License	intarily surr	Name of S Agen rendered any o If yes, pi	School/ cy / license to administerovide specific inform	Complete a	ddress of Scho	ool / Agency	for any
Year Completed Have you volueason? Date License Surrendered	intarily surr Yes No	Name of S Agen rendered any o If yes, po durisdiction we surre	School/ cy / license to administerovide specific inform where license was endered	Complete a cer Massage Therapy as a result nation below. Reason license was sur	ddress of School	ool / Agency der, investigation License #	for any License Period
Year Completed Have you volueason? Date License Surrendered	intarily surryes No	Name of S Agen rendered any o If yes, po durisdiction we surre	School/ cy / license to administerovide specific inform there license was tendered Massage Therapy, of	Complete a	ddress of School	ool / Agency der, investigation License #	for any License Period
Year Completed Have you volueason? Date License Surrendered Have you had States jurisdic	intarily surryes No	Name of S Agen rendered any o If yes, po durisdiction we surre	School/ cy / license to administerovide specific inform there license was tendered Massage Therapy, of	er Massage Therapy as a result nation below. Reason license was sur	ddress of School	ool / Agency der, investigation License #	for any License Period
Year Completed Have you volueason? Date License Surrendered Have you had States jurisdic	a license t	Name of S Agen rendered any o If yes, put furisdiction w surn to administer Yes No	A license to administer rovide specific informathere license was gendered Massage Therapy, of the specific spe	Complete a cer Massage Therapy as a result nation below. Reason license was sure or a similar license denied or revecific information below.	ddress of School	ool / Agency der, investigation License # ate of AZ or any	License Period
Year Completed Have you volueason? Date License Surrendered Have you had States jurisdic	a license t	Name of S Agen rendered any o If yes, put furisdiction w surn to administer Yes No	A license to administer rovide specific informathere license was gendered Massage Therapy, of the specific spe	er Massage Therapy as a result nation below. Reason license was sur	ddress of School	ool / Agency der, investigation License #	License Period
Year Completed Have you volueason? Date License Surrendered Have you had States jurisdic	a license t	Name of S Agen rendered any o If yes, put furisdiction w surn to administer Yes No	A license to administer rovide specific informathere license was gendered Massage Therapy, of the specific spe	Complete a cer Massage Therapy as a result nation below. Reason license was sure or a similar license denied or revecific information below.	ddress of School	ool / Agency der, investigation License # ate of AZ or any	License Period
Year Completed Have you volueason? Date License Surrendered Have you had States jurisdic Date Denied or Re	a license t tion?	Name of S Agen rendered any o If yes, pi durisdiction w surre to administer Yes No Juria	A license to administer rovide specific information of the license was sendered. Massage Therapy, If yes, provide specific information of the license was sendered.	Complete a cer Massage Therapy as a result nation below. Reason license was sure or a similar license denied or reversific information below. If or revocation occurred or reversificated, denied, revoked, suspendented of the certain of the certa	of, or while underendered roked in the State Ground or, manager of	der, investigation License # ate of AZ or any ds for Denial or F	License Period other United
Year Completed Have you volue eason? Date License Surrendered Have you had States jurisdic Date Denied or Rel Have you or a lad a busines Yes h	a license t tion?	Name of S Agen rendered any o If yes, po furisdiction we surre to administer yes No Juria o which you hesional application, provide specifications	A license to administer rovide specific information or license was endered Massage Therapy, or lift yes, provide specific information or license rejected information believed.	Complete a cer Massage Therapy as a result nation below. Reason license was sure or a similar license denied or reversific information below. If or revocation occurred or reversificated, denied, revoked, suspendented of the certain of the certa	ddress of School of, or while undered worked in the State of Ground for, manager of d or fined in the	der, investigation License # ate of AZ or any ds for Denial or F	License Period other United Revocation con ever

License Number	_

12.	Are you now or h Massage Facility	ave you ever op licensed in this	erated or or any oth	held ownership, be er state? Yes	en an officer, me No If yes	ember, director or i , provide specific i	manager or a controlling person of a information below.		
	Date of License	e License	e #		Jurisdi	ction where licens	e was held		
13.	Are you delinque activity owned or	Are you delinquent in payment to the City of Scottsdale of any taxes, fees, fines, or penalties imposed or owing out of any business activity owned or operated by you or the Massage Facility? Yes No If yes, provide specific information below.							
		Type of De	linquency	,	License	# or Account #	Amount of Delinquency		
14.				misdemeanor involvon? Yes I		dishonesty, assau	ltive conduct, moral turpitude, within		
	Date of	Date of		0.11	Where C		Court(s)		
	Offense	Conviction	•	Offense	Осси	rred	Entered Into		
15.							any law or ordinance (regardless d/or drug related Yes No		
	Date of	Date of			Where C		_ Court(s)		
	Offense	Conviction	•	Offense	Occu	rred	Entered Into		
16.							ad sentence suspended, placed dismissed or expunged)?		
	Date of Offense	Date of Conviction		Offense	Where C Occu		Courts(s) Entered Into		
17.	Are there any ad against you or ar				or consents, crir Yes No	ninal arrests, indic	tments or summonses pending		
	Date of Date of		Office		Where C		Courts(s)		
	Offense	Conviction	'	Offense	Occu	rreu	Entered Into		
18. Has anyone ever filed suit or obtained a judgment against you in a civil action, the subject of which involved fraud or misrepresentation of a business, professional or Massage Facility license? Yes No						ch involved fraud or			
	Date of	Date of	0.5		Where C		Court(s)		
	Offense	Conviction		Offense	Осси	rrea	Entered Into		
19.	Are you a registe	ered Sex Offende	r or requi	red by law to regist	er as a Sex Offer	nder? Yes	_ No		
	Date Pogistored	Offense		M/horo Do		Courts(s)			
	Registered	Offense	•	Where Re	gistereu		Entered Into		

Additional requirements:

- 1. Provide a copy of the Certificate of National Certification indicating that you have passed the National Examination and attained and maintained your National Certification by a national board or other organization approved by the Director.
- 2. Provide a copy of a government issued photo identification (a valid Drivers License or Passport) as proof of age.
- 3. Provide proof of U. S. Citizenship or lawful residency of the United States authorized to work in the United States (Social Security Card or documentation from the United States Department of Justice, Immigration and Naturalization Service.)
- 4. Personally appear at one of the City of Scottsdale Tax & License office locations to be fingerprinted and photographed.

An additional license and fees may be necessary for a Business, Occupational and Professional license or a Transaction Privilege Sales Tax license

I hereby certify that all answers to questions on this questionnaire are true and complete, and I agree and understand that any falsification of material facts may cause forfeiture on my part of all rights to, and consideration to be licensed in the City of Scottsdale, County of Maricopa, State of Arizona.

Alizona.		
Print Name	Signature	Date

Massage Therapist Log Of All Massage Administered

Name of Therapist:	Therapist License No
Therapist Address:	

Date M/D/Year	Time	Massage Technique	Clients' Name (First & Last)	Client's Complete Address	Complete Address Where Therapy Administered
	Am				
	Pm				
	Am				
	Pm				
	Am				
	Pm				
	Am				
	Pm				
	Am				
	Pm				
	Am				
	Pm				
	Am				
	Pm				
	Am				
	Pm				